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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Adventist Health SystemWest

Doing business as
Adventist Health

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO Box 619135

City or town, state or province, country, and ZIP or foreign postal code
Roseville, CA 95661

D Employer identification number

95-3484589

E Telephone number

(916) 406-0000

G Gross receipts \$ 418,436,021

F Name and address of principal officer:
Scott Reiner
PO Box 619135
Roseville, CA 95661

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ 1071

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.adventisthealth.org/

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1980

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Living God's love by inspiring health, wholeness and hope.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 14

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 12

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,310

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 5,368,897

b Net unrelated business taxable income from Form 990-T, line 39 7b 979,721

Revenue

8 Contributions and grants (Part VIII, line 1h) 21,065,390 795,492

9 Program service revenue (Part VIII, line 2g) 245,806,456 344,940,537

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,485,256 13,808,361

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,387,050 15,364,321

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 284,744,152 374,908,711

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 7,664,910 4,770,896

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 223,802,819 260,843,076

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶8,477

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 144,152,789 258,399,416

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 375,620,518 524,013,388

19 Revenue less expenses. Subtract line 18 from line 12 -90,876,366 -149,104,677

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,914,161,010 2,329,560,827

21 Total liabilities (Part X, line 26) 2,091,389,972 2,597,540,161

22 Net assets or fund balances. Subtract line 21 from line 20 -177,228,962 -267,979,334

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer
Date 2020-10-29
Todd Hofheins Chief Financial Officer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Preparer's signature
Date 2020-10-29
Check ☐ if self-employed
PTIN P00366884
Firm's name ▶ Moss Adams LLP
Firm's EIN ▶ 91-0189318
Firm's address ▶ 3121 W March Ln Ste 200
Stockton, CA 952192367
Phone no. (209) 955-6100

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ ☒**1** Briefly describe the organization's mission:

Living God's love by inspiring health, wholeness and hope.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 195,901,228 including grants of \$ 4,770,896) (Revenue \$ 344,940,537)
See Additional Data	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses ▶ 195,901,228
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	Yes
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	Yes
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	Yes
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	Yes
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34	Yes
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	Yes
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	3,079
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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Part VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	12	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
Jay Lipps VP System Controller PO Box 619135 Roseville, CA 95661 (916) 406-1092

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☒

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

[illegible]

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	35,064,629	0	1,917,165

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 586

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
Swinerton Builders 15 Business Park Way Suite 101 Sacramento, CA 95828	Construction	29,854,195
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	IT Solutions Management	7,794,126
Systems Source Inc 4685 MacArthur Court Suite 100 Newport Beach, CA 92660	Workspace Management	5,690,739
Signtech Electrical Advertising Inc 4444 Federal Boulevard San Diego, CA 92102	Advertising	4,472,038
Huron Consulting Group Inc 3005 Momentum Place Chicago, IL 60689	Operations Managment	3,750,000

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 104

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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII <input type="checkbox"/>													
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a										
	b	Membership dues . . .	1b										
	c	Fundraising events . . .	1c										
	d	Related organizations	1d										
	e	Government grants (contributions)	1e										
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	795,492									
	g	Noncash contributions included in lines 1a - 1f:\$	1g										
	h	Total. Add lines 1a-1f ▶			795,492								
Program Service Revenue			Business Code										
	2a	Management fees	900099	321,149,877		316,677,059		4,472,818					
	b	Partnership income related progra	541900	19,415,304		18,519,225		896,079					
	c	Other program service rev	900099	4,375,356		4,375,356							
	d												
	e												
	f	All other program service revenue.											
	g	Total. Add lines 2a-2f. ▶			344,940,537								
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶			5,248,229						5,248,229			
	4 Income from investment of tax-exempt bond proceeds ▶			672,027						672,027			
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a	Gross rents	6a	72,500									
	b	Less: rental expenses	6b	0									
	c	Rental income or (loss)	6c	72,500									
	d Net rental income or (loss) ▶			72,500						72,500			
			(i) Securities	(ii) Other									
	7a	Gross amount from sales of assets other than inventory	7a	37,032,891	14,381,977								
	b	Less: cost or other basis and sales expenses	7b	38,186,740	5,340,023								
	c	Gain or (loss)	7c	-1,153,849	9,041,954								
	d Net gain or (loss) ▶			7,888,105						7,888,105			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events . . . ▶												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities . . . ▶												
	10a Gross sales of inventory, less returns and allowances . . .		10a	6,630									
	b Less: cost of goods sold . . .		10b	547									
	c Net income or (loss) from sales of inventory . . . ▶			6,083						6,083			
Miscellaneous Revenue			Business Code										
11a Vendor rebates		900099	20,433,537						20,433,537				
b Loss on debt refinancing		900099	-5,147,799						-5,147,799				
c													
d All other revenue													
e Total. Add lines 11a-11d ▶			15,285,738										
12 Total revenue. See instructions ▶			374,908,711		339,571,640		5,368,897		29,172,682				

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,584,025	1,584,025		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,186,871	3,186,871		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	28,239,159		28,239,159	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	2,177,125	2,177,125		
7 Other salaries and wages	181,219,718	39,631,184	141,581,773	6,761
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,478,701	4,352,360	3,126,341	
9 Other employee benefits	28,263,219	7,204,969	21,056,560	1,690
10 Payroll taxes	13,465,154	2,921,878	10,543,276	
11 Fees for services (non-employees):				
a Management	151,989	5,675	146,314	
b Legal	8,530,559	215,087	8,315,472	
c Accounting	1,887,059		1,887,059	
d Lobbying	210,561	210,561		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	150,377,275	64,846,007	85,531,268	
12 Advertising and promotion	3,513,222	2,111,674	1,401,548	
13 Office expenses	6,846,916	3,267,596	3,579,294	26
14 Information technology	10,223,054	5,603,451	4,619,603	
15 Royalties				
16 Occupancy	14,407,030	13,610,190	796,840	
17 Travel	5,699,448	1,763,309	3,936,139	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	739,104	104,883	634,221	
20 Interest	17,543,920	17,543,849	71	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,322,313	22,186,432	3,135,881	
23 Insurance	266,767	228,624	38,143	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Patient care supplies	1,535,316	1,181,473	353,843	
b Income taxes	798,515	798,515		
c Rental/lease costs equi	734,881	378,832	356,049	
d				
e All other expenses	9,611,487	786,658	8,824,829	
25 Total functional expenses. Add lines 1 through 24e	524,013,388	195,901,228	328,103,683	8,477
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		23,391	1	0
	2	Savings and temporary cash investments		250,105,247	2	284,018,550
	3	Pledges and grants receivable, net		0	3	27,871
	4	Accounts receivable, net		56,142	4	17,058
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		38,199,866	5	54,227,593
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6	
	7	Notes and loans receivable, net		21,035,061	7	6,812,192
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		35,291,801	9	42,824,285
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	530,356,960		
	b	Less: accumulated depreciation	10b	199,888,968		
				291,963,066	10c	330,467,992
	11	Investments—publicly traded securities		1,239,166,048	11	1,532,854,443
	12	Investments—other securities. See Part IV, line 11			12	
	13	Investments—program-related. See Part IV, line 11		7,451,447	13	11,609,673
	14	Intangible assets			14	
15	Other assets. See Part IV, line 11		30,868,941	15	66,701,170	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,914,161,010	16	2,329,560,827	
Liabilities	17	Accounts payable and accrued expenses		261,012,245	17	219,704,780
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		1,159,038,461	20	2,141,149,922
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		163,555,928	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		507,783,338	25	236,685,459
26	Total liabilities. Add lines 17 through 25		2,091,389,972	26	2,597,540,161	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.					
	27	Net assets without donor restrictions		-182,485,199	27	-270,248,542
	28	Net assets with donor restrictions		5,256,237	28	2,269,208
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.					
	29	Capital stock or trust principal, or current funds			29	
	30	Paid-in or capital surplus, or land, building or equipment fund			30	
	31	Retained earnings, endowment, accumulated income, or other funds			31	
	32	Total net assets or fund balances		-177,228,962	32	-267,979,334
33	Total liabilities and net assets/fund balances		1,914,161,010	33	2,329,560,827	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	374,908,711
2	Total expenses (must equal Part IX, column (A), line 25)	2	524,013,388
3	Revenue less expenses. Subtract line 2 from line 1	3	-149,104,677
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-177,228,962
5	Net unrealized gains (losses) on investments	5	59,814,924
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,460,619
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	-267,979,334

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Form 990 (2019)

Form 990, Part III, Line 4a:

See Schedule O

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Ferch Wayne President, CCR	50.00 0.00				X			4,448,122	0	47,838
Raffoul John FO, SCR/President	50.00 0.00					X		2,777,039	0	228,271
Reiner Scott CEO	50.00 0.00	X		X				1,995,696	0	53,734
Wing Bill Dir/CFO/Asst Secretary	50.00 0.00	X		X				1,572,254	0	46,583
Russell David Physician, AHLM thru 05/19	50.00 0.00					X		1,500,614	0	44,751
Jahn Andrew President, SCR	50.00 0.00				X			1,254,944	0	59,912
Reppert Joseph CFO/Asst Secr thru 08/2019	50.00 0.00			X				1,209,069	0	57,565
Conklin Jeffrey Payer Strategy Exec thru 07/19	50.00 0.00				X			1,170,941	0	57,626
Eller Jeff President, NCR	50.00 0.00				X			1,172,082	0	40,197
El-Asmar Hoda Chief Clinical Officer	50.00 0.00				X			1,158,336	0	38,695

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Larsen David Sr Finance Officer	50.00 0.00				X			777,379	0	316,645
Ashlock Mark Ambulatory/Post-Acute President	50.00 0.00				X			993,924	0	45,909
Olson Joaline Chief Human Performance Officer, AHRS thru 08/19	50.00 0.00				X			915,650	0	48,741
Newmyer Joyce President, PNR	50.00 0.00				X			871,962	0	53,734
Nahapetian Arby Medical Officer, SCR	50.00 0.00				X			841,794	0	58,842
Zachary Beth Former President, SCR thru 01/18	0.00 0.00						X	840,555	0	47,667
Beaman John Chief Business Officer	50.00 0.00				X			823,889	0	43,310
Church Lowell VP Material Management thru 03/19	50.00 0.00				X			812,713	0	44,802
Wagner Jack Former CFO/Asst Secr thru 03/18	0.00 0.00						X	778,475	0	29,189
Issai Alice President, AHGL	50.00 0.00				X			768,942	0	29,127

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Wolcott Daniel President, AHLM	50.00 0.00				X			722,077	0	59,517
Jobe Meredith Secretary	50.00 0.00			X				730,385	0	45,909
Rawson Richard President, AHRO	50.00 0.00				X			740,386	0	28,958
Beehler Robert Mkt Dev, M&A Exec	50.00 0.00				X			716,790	0	45,909
Briggs Sharlet President, AHBD	50.00 0.00				X			711,824	0	41,433
Raethel Kathryn President, AHCS	50.00 0.00				X			702,284	0	48,558
Byrnes John Medical Officer, NCR	50.00 0.00				X			718,300	0	29,813
Bancarz Gloria System Chief Quality Officer	50.00 0.00				X			713,985	0	31,591
Chen Steven Finance Officer, CCR	50.00 0.00					X		671,517	0	59,363
Fink Matthew Chief Information Officer	50.00 0.00					X		671,660	0	55,032

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kofl Andrea President, AHHF	50.00 0.00					X		673,752	0	48,741
Knittel Monty Former President, AHFR thru 08/18	0.00 0.00						X	452,036	0	29,203
Reiner Richard Director	4.00 0.00	X						28,588	0	0
Davis Andrew Director	4.00 0.00	X						28,246	0	0
Cherry Robert Director	4.00 0.00	X						26,315	0	0
Heinrich Kerry Director	4.00 0.00	X						20,102	0	0
Innocent Larry Director	4.00 0.00	X						18,852	0	0
Woodson Marc Director	4.00 0.00	X						15,000	0	0
Graham Ricardo Director/Chair	4.00 0.00	X		X				8,848	0	0
Banks David Director	4.00 0.00	X						6,382	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Freedman John Director/Vice Chair	4.00 0.00	X		X				2,367	0	0
Salazar Velino Director	4.00 0.00	X						553	0	0
Ocampo Lucy Director	4.00 0.00	X						0	0	0
Philip Celeste Director	4.00 0.00	X						0	0	0

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemWest

Employer identification number
95-3484589

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6 Public support. Subtract line 5 from line 4.						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						
Section C. Computation of Public Support Percentage						
14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))					14	
15 Public support percentage for 2018 Schedule A, Part II, line 14					15	
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>						
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>						

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	100	50,000	96,561	7,311,552	795,492	8,253,705
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	293,372,514	289,039,507	263,827,180	241,640,379	339,571,640	1,427,451,220
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	293,372,614	289,089,507	263,923,741	248,951,931	340,367,132	1,435,704,925
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		6,349,290	4,259,278	6,178,041	8,120,494	24,907,103
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						0
c Add lines 7a and 7b.		6,349,290	4,259,278	6,178,041	8,120,494	24,907,103
8 Public support. (Subtract line 7c from line 6.)						1,410,797,822

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6.	293,372,614	289,089,507	263,923,741	248,951,931	340,367,132	1,435,704,925
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	50,242,418	57,028,162	8,329,768	2,629,457	5,992,756	124,222,561
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.	50,242,418	57,028,162	8,329,768	2,629,457	5,992,756	124,222,561
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.	549,535	272,887	517,858	573,287	0	1,913,567
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,650,159	1,997,795		660,599	15,292,368	19,600,921
13 Total support. (Add lines 9, 10c, 11, and 12.)	345,814,726	348,388,351	272,771,367	252,815,274	361,652,256	1,581,441,974
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	89.210 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	87.870 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	7.860 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	10.600 %

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☒

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization. ► ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ► ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III, Line 12, Explanation of Other Income:	Settlement proceeds Gain on debt refinancing Miscellaneous revenue

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Adventist Health SystemWest	Employer identification number 95-3484589
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		210,561
j	Total. Add lines 1c through 1i			210,561
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Part II-B, Line 1:	Adventist Health engages lobbyists and belongs to industry and professional associations for which a portion of the membership dues is used for lobbying activities. Expenditures to Noteware were paid for the purpose of working with legislators and government officials relating to legislation affecting hospitals and healthcare.

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemWest

Employer identification number
95-3484589

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

Conservation Easements.
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,006,309	1,146,338	1,131,235	1,114,944	1,140,516
b Contributions	795,400	7,277,972	96,561	50,000	100
c Net investment earnings, gains, and losses	3,399,636	-3,327,136	18,082	21,830	26,705
d Grants or scholarships			94,541	55,539	52,377
e Other expenditures for facilities and programs	3,782,429	2,090,865	4,999		
f Administrative expenses					
g End of year balance	3,418,916	3,006,309	1,146,338	1,131,235	1,114,944

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 33.630 %

b

Permanent endowment ▶ 0 %

c

Temporarily restricted endowment ▶ 66.370 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)		No
3b		

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		32,721,523		32,721,523
b Buildings		119,983,855	2,346,971	117,636,884
c Leasehold improvements		1,449,971	475,899	974,072
d Equipment		347,724,913	197,066,098	150,658,815
e Other		28,476,698		28,476,698
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				330,467,992

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	236,685,459

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Supplemental Information

Return Reference	Explanation
Part V, Line 4:	A \$1M board-designated fund was established to honor a former AH president. The earnings are used to provide funding for paying college student interns and graduate student residents as they participate in tracks such as accounting/finance, human resources, communications and management with the goal of introducing the participants to career options in the integrated health care field. Individuals who participate in the program frequently become employed within the AH system upon completion of their academic studies.

Supplemental Information

Return Reference	Explanation
Part X, Line 2:	<p>The principal operations of the System is exempt from taxation pursuant to Internal Revenue Code Section 501(c)(3) and related state provisions. The System recognizes tax benefits from any uncertain tax positions only if it is more-likely-than-not the tax position will be sustained, based solely on its technical merits, with the taxing authority having full knowledge of all relevant information. The System records a liability for unrecognized tax benefits from uncertain tax positions as discrete tax adjustments in the first interim period the more-likely-than-not threshold is not met. The System recognizes deferred tax assets and liabilities for temporary differences between the financial reporting basis and the tax basis of its assets and liabilities along with net operating loss and tax credit carryovers only for tax positions that meet the more-likely-than-not recognition criteria. At December 31, 2019 and 2018, no such assets or liabilities were recorded. The System currently files Form 990 (informational return of organizations exempt from income taxes) and Form 990-T (business income tax return for an exempt organization) in the U.S. federal jurisdiction and the state of California. The System is not subject to income tax examinations prior to 2015 in major tax jurisdictions.</p>

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemWest

Employer identification number
95-3484589

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total	0	0			48,607,428
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			48,607,428

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ► _____
- 3 Enter total number of other organizations or entities ► _____

Part III	Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
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Part III can be duplicated if additional space is needed.

[illegible]

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* ☐ Yes ☒ No

Part V

Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part I, line 3:	Accrual method

990 Schedule F, Supplemental Information

Return Reference	Explanation
Part III Accounting Method:	

Additional Data

Software ID:

Software Version:

EIN: 95-3484589

Name: Adventist Health SystemWest

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program services	Mission Trip	41,020
Central America and the Caribbean	0	0	Program services	Administration, legal and accounting fees	57,500

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Program services	Reinsurance fees	1,214,763
Central America and the Caribbean	0	0	Investments in region	N/A	47,294,145

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemWest

Employer identification number
95-3484589

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 16

3 Enter total number of other organizations listed in the line 1 table 5

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Camp Fire Assistance	450	3,186,871			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2:	Funding provided to other organizations is provided to recipients with the understanding that the funds are being used only for the designated purposes. No monitoring is conducted by AH.

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
African Mission Services of USA PO Box 906 Chattanooga, CA 37401	26-0334267	501(c)(3)	10,000				General Support
AltaMed Health Services Corporation 2040 Camfield Avenue Los Angeles, CA 90040	95-2810095	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Health Foundation & Trust 1215 K Street Suite 800 Sacramento, CA 95814	94-1498697	501(c)(3)	137,199				General Support
Enloe Medical Center 1531 Esplanade Chico, CA 95926	94-1603784	501(c)(3)	32,130				2018 Camp Fire Relief Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Eureka Schools Foundation PO Box 2444 Granite Bay, CA 95746	68-0280171	501(c)(3)	10,000				General Support
Extreme Productions LLC 1001 Enterprise Way Suite 200 Roseville, CA 95678			59,702				2018 Camp Fire Relief Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Fremont Rideout Foundation 414 G Street Marysville, CA 95901	23-7366330	501(c)(3)	10,000				General Support
Lodi Memorial Hospital Foundation Inc 845 S Fairmont Avenue Suite 3 Lodi, CA 95240	94-2719880	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Loma Linda Univ Childrens Hospital Foundation Inc PO Box 926 Loma Linda, CA 92354	33-0565591	501(c)(3)	10,000				General Support
Make A Wish Northeastern and Central California and Northern Nevada 2800 Club Center Drive Sacramento, CA 95835	68-0027351	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAAAHHR PO Box 311395 Atlanta, GA 31131	52-2122803	501(c)(3)	12,000				General Support
Newbury Park Adventist Academy 180 Academy Drive Newbury Park, CA 91320	95-1816063	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Outfront Media Sports Inc PO Box 33074 Newark, NJ 07188	77-0141025		45,000				General Support
Paradise Adventist Church 5720 Academy Drive Paradise, CA 95969	94-1702441	501(c)(3)	62,000				2018 Camp Fire Relief Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Saint Johns Program for Real Change 2443 Fair Oaks Boulevard 369 Sacramento, CA 95825	68-0132934	501(c)(3)	10,000				General Support
SonBridge Community Center 1200 SE 12th Street Suite 1 College Place, WA 99324	20-2958334		150,000				Community Outreach

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Southeastern California Conference Of Seventh Day Adventists 11330 Pierce Street Riverside, CA 92505	95-1816050	501(c)(3)	10,000				General Support
The Celebration 12005 Meridian Rd Chico, CA 95973			10,000				2018 Camp Fire Relief Fund

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
The Ebeling Group Inc 628 California Ave Venice, CA 90291	40-0001837		20,000				General Support
The One Project 1312 17th Street Suite 753 Denver, CO 80202	47-5638974	501(c)(3)	10,000				General Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Walla Walla University 204 S College Avenue College Place, WA 99324	91-0617727	501(c)(3)	100,000				General Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Adventist Health SystemWest		Employer identification number 95-3484589

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	Travel for companions - received by six directors Tax indemnification and gross-up payments - received by 10 directors All items checked on this line are reported as taxable income to the employee or director receiving the benefit.
Part I, Lines 4a-b	Severance payments are made based upon agreements between certain qualifying employees and Adventist Health Services/West. Details of the terms and conditions of the severance agreements are available to the IRS upon request. Church, Lowell - severance payment - \$252,094 Conklin, Jeffrey - severance payment - \$224,802 Knittel, Monty - severance payment - \$401,466 Olson, JoAline - severance payment - \$200,732 Reppert, Joseph - severance payment - \$194,953 Russell, David - severance payment - \$223,716 Wagner, Jack - severance payment - \$778,453 Zachary, Beth - severance payment - \$823,800 The Supplemental Executive Retirement Plan (SERP) is a defined contribution plan designed to encourage the participants continued employment with Adventist Health and is subject to the participants satisfying specified substantial risks of forfeiture. The SERP benefit distribution occurs when the executive achieves 30 years of Adventist health care service, 20 of which are to be as an executive and at least 10 are to be with Adventist Health System/West, and reaches age 60. Until that time, the SERP benefit is at risk to the creditors of Adventist Health. The SERP benefit is designed to help the executive receive employer-provided retirement benefit income equal to 60% of pre-retirement income. The SERP plan was frozen for new participants in 2016. Church, Lowell - distribution - \$372,708 Ferch, Wayne - distribution - \$3,180,848 Larsen, David - funding - \$259,425 Raffoul, John - distribution - \$1,893,381 Raffoul, John - funding - \$180,233 Russell, David - distribution - \$943,452 Select executives agreed to participate in CAP-EX in place of a traditional SERP. See Schedule L, Part V, for a broader description. Split-Dollar life insurance participants are Mark Ashlock, John Beaman, Jeffrey Eller, Alan Ferch, Joyce Newmyer, JoAline Olson, Brian Reiner, Jack Wagner, Billy Wing, and Beth Zachary. A flexible benefits plan (CAA) is offered to groups of highly-compensated employees meeting certain criteria. The participants are provided with an amount equivalent to 41 percent of their base compensation, less the value of their corporate provided benefits. The balance is set aside for nonvested deferred compensation that is subject to substantial risk of forfeiture and is at risk to the creditors of Adventist Health. Payouts occur according to the participants' payment elections after all substantial risks of forfeiture have lapsed. The plan was frozen for new non-vested contributions in 2016. Conklin, Jeffrey - \$69,187

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Ferch Wayne President, CCR	(i)	932,651	191,401	3,324,070	16,782	31,056	4,495,960	3,180,848
	(ii)	0	0	0	0	0	0	0
1Raffoul John FO, SCR/President	(i)	545,731	198,623	2,032,685	197,015	31,256	3,005,310	1,893,381
	(ii)	0	0	0	0	0	0	0
2Reiner Scott CEO	(i)	1,510,024	420,315	65,357	16,782	36,952	2,049,430	0
	(ii)	0	0	0	0	0	0	0
3Wing Bill Dir/CFO/Asst Secretary	(i)	1,200,390	318,717	53,147	16,782	29,801	1,618,837	0
	(ii)	0	0	0	0	0	0	0
4Russell David Physician, AHLM thru 05/19	(i)	190,852	32,065	1,277,697	16,528	28,223	1,545,365	943,452
	(ii)	0	0	0	0	0	0	0
5Jahn Andrew President, SCR	(i)	811,125	201,952	241,867	16,782	43,130	1,314,856	0
	(ii)	0	0	0	0	0	0	0
6Reppert Joseph CFO/Asst Secr thru 08/2019	(i)	581,409	187,572	440,088	16,782	40,783	1,266,634	0
	(ii)	0	0	0	0	0	0	0
7Conklin Jeffrey Payer Strategy Exec thru 07/19	(i)	632,424	121,586	416,931	16,782	40,844	1,228,567	0
	(ii)	0	0	0	0	0	0	0
8Eller Jeff President, NCR	(i)	868,316	193,574	110,192	16,782	23,415	1,212,279	0
	(ii)	0	0	0	0	0	0	0
9El-Asmar Hoda Chief Clinical Officer	(i)	790,010	191,190	177,136	16,782	21,913	1,197,031	0
	(ii)	0	0	0	0	0	0	0
10Larsen David Sr Finance Officer	(i)	536,325	110,451	130,603	276,207	40,438	1,094,024	0
	(ii)	0	0	0	0	0	0	0
11Ashlock Mark Ambulatory/Post-Acute President	(i)	741,578	199,787	52,559	16,782	29,127	1,039,833	0
	(ii)	0	0	0	0	0	0	0
12Olson Joaline Chief Human Performance Officer, AHR	(i)	492,487	174,923	248,240	16,782	31,959	964,391	0
	(ii)	0	0	0	0	0	0	0
13Newmyer Joyce President, PNR	(i)	706,207	125,111	40,644	16,782	36,952	925,696	0
	(ii)	0	0	0	0	0	0	0
14Nahapetian Arby Medical Officer, SCR	(i)	556,818	153,586	131,390	16,782	42,060	900,636	0
	(ii)	0	0	0	0	0	0	0
15Zachary Beth Former President, SCR thru 01/18	(i)	0	0	840,555	11,540	36,127	888,222	0
	(ii)	0	0	0	0	0	0	0
16Beaman John Chief Business Officer	(i)	630,899	156,479	36,511	0	43,310	867,199	0
	(ii)	0	0	0	0	0	0	0
17Church Lowell VP Material Management thru 03/19	(i)	83,416	50,035	679,262	14,313	30,489	857,515	372,708
	(ii)	0	0	0	0	0	0	0
18Wagner Jack Former CFO/Asst Secr thru 03/18	(i)	0	0	778,475	0	29,189	807,664	0
	(ii)	0	0	0	0	0	0	0
19Issai Alice President, AHGL	(i)	576,442	77,330	115,170	0	29,127	798,069	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21Wolcott Daniel President, AHLM	(i)	469,178	109,652	143,247	16,782	42,735	781,594	0
	(ii)	0	0	0	0	0	0	0
1Jobe Meredith Secretary	(i)	524,870	65,461	140,054	16,782	29,127	776,294	0
	(ii)	0	0	0	0	0	0	0
2Rawson Richard President, AHRO	(i)	546,538	90,538	103,310	0	28,958	769,344	0
	(ii)	0	0	0	0	0	0	0
3Beehler Robert Mkt Dev, M&A Exec	(i)	492,464	105,286	119,040	16,782	29,127	762,699	0
	(ii)	0	0	0	0	0	0	0
4Briggs Sharlet President, AHBD	(i)	473,191	107,747	130,886	16,782	24,651	753,257	0
	(ii)	0	0	0	0	0	0	0
5Raethel Kathryn President, AHCS	(i)	462,272	59,396	180,616	16,782	31,776	750,842	0
	(ii)	0	0	0	0	0	0	0
6Byrnes John Medical Officer, NCR	(i)	493,269	77,663	147,368	1,523	28,290	748,113	0
	(ii)	0	0	0	0	0	0	0
7Bancarz Gloria System Chief Quality Officer	(i)	476,605	119,417	117,963	16,782	14,809	745,576	0
	(ii)	0	0	0	0	0	0	0
8Chen Steven Finance Officer, CCR	(i)	472,282	90,908	108,327	16,782	42,581	730,880	0
	(ii)	0	0	0	0	0	0	0
9Fink Matthew Chief Information Officer	(i)	465,674	105,782	100,204	16,782	38,250	726,692	0
	(ii)	0	0	0	0	0	0	0
10Kofl Andrea President, AHHF	(i)	475,048	75,240	123,464	16,782	31,959	722,493	0
	(ii)	0	0	0	0	0	0	0
11Knittel Monty Former President, AHFR thru 08/18	(i)	0	36,632	415,404	0	29,203	481,239	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemWest

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

95-3484589

Part I

Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CSCDA Series A 2007	68-0164610	1307957C5	05-08-2007	57,500,000	See Part VI		X		X		X
B CHFFA Series B 2009	52-1643828	13033LBC0	05-20-2009	30,000,000	See Part VI		X		X		X
C CHFFA Series C 2009	52-1643828	13033F8B9	05-20-2009	56,309,648	See Part VI		X		X		X
D CHFFA Series C 2011	52-1643828	000000000	06-09-2011	130,000,000	See Part VI		X		X		X

Part II

Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		15,445,000				52,495,000		30,200,000
2 Amount of bonds legally defeased								
3 Total proceeds of issue		57,500,000		30,000,000		56,309,648		130,000,000
4 Gross proceeds in reserve funds						1,173,608		
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		643,910		216,916		559,042		478,200
8 Credit enhancement from proceeds		1,409,177						
9 Working capital expenditures from proceeds		4,480,297						
10 Capital expenditures from proceeds		50,966,616		29,783,084				129,521,800
11 Other spent proceeds						55,750,607		
12 Other unspent proceeds								
13 Year of substantial completion	2010		2009		2009		2015	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X		X	X			X
15 Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III

Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2019

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0 %		0 %		0 %		0 %	
6 Total of lines 4 and 5	0 %		0 %		0 %		0 %	
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?	X			X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?				X		X		X
b Exception to rebate?				X		X		X
c No rebate due?			X		X		X	
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X			X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-mediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name: CHFFA Series B 2009 Date the Rebate Computation was Performed: 06/17/2019 Issuer Name: CHFFA Series C 2009 Date the Rebate Computation was Performed: 06/17/2019 Issuer Name: CHFFA Series C 2011 Date the Rebate Computation was Performed: 07/25/2016 Issuer Name: CHFFA Series A 2013 Date the Rebate Computation was Performed: 04/06/2018 Issuer Name: CHFFA Series A 2013 Date the Rebate Computation was Performed: 04/06/2018

Return Reference	Explanation
Part I, Column (A-D) Issuer's Name:	CSCDA - California Statewide Communities Development Authority CHFFA - California Health Facilities Financing Authority HFA - The Hospital Facilities Authority of Multnomah County, Oregon

Return Reference	Explanation
Part I, Entity 1, Column (f), Line A:	Construct, equip and remodel the following health care facilities: Feather River Hospital, Paradise, CA Hanford Community Hospital, Hanford, CA Simi Valley Hospital and Health Care Services, Simi Valley, CA

Return Reference	Explanation
Part I, Entity 1, Column (f), Line B:	Acquire, construct and equip the following health care facilities: Adventist Health Clearlake Hospital Inc., Clearlake, CA Feather River Hospital, Paradise, CA Glendale Adventist Medical Center, Glendale, CA Hanford Community Hospital, Hanford, CA St. Helena Hospital, St. Helena, CA Simi Valley Hospital and Health Care Services, Simi Valley, CA

Return Reference	Explanation
Part I, Entity 1, Column (f), Line C:	Refund outstanding balance of the following bond issues: 1991 California Health Facilities Financing Authority (AHS/West Series A) bonds issued July 23, 1991 1991 California Health Facilities Financing Authority (AHS/West Series B) bonds issued September 25, 1991 1991 City of Glendale (AHS/West Series A) bonds issued July 23, 1991

Return Reference	Explanation
Part I, Entity 1, Column (f), Line D:	Refinance a bank loan used to construct, equip the following health care facilities: Adventist Health Clearlake Hospital, Inc., Clearlake, CA Feather River Hospital, Paradise, CA Glendale Adventist Medical Center, Glendale, CA St. Helena Hospital, St. Helena, CA Simi Valley Hospital and Health Care Services, Simi Valley, CA Acquire and install a clinical information system: Adventist Health System/West, Roseville, CA

Return Reference	Explanation
Part I, Entity 2, Column (f), Line A:	Refund outstanding balance of the following bond issues: 2002 California Health Facilities Financing Authority (AHS/West Series A) bonds issued March 20, 2002 2002 California Health Facilities Financing Authority (AHS/West Series B) bonds issued March 2002 2003 California Health Facilities Financing Authority (AHS/Series A) bonds issued July 1, 2003

Return Reference	Explanation
Part I, Entity 2, Column (f), Line B:	Refund outstanding balance of the following bond issues: Acquire, construct, and equip the following health care facilities: Central Valley General Hospital, Hanford, CA Feather River Hospital Paradise, CA Willits Hospital, Inc, Willits, CA Hanford Community Hospital, Hanford, CA San Joaquin Community Hospital, Bakersfield, CA Ukiah Valley Hospital, Ukiah, CA Acquire and install a clinical information system: Adventist Health System/West, Roseville, CA

Return Reference	Explanation
Part I, Entity 2, Column (f), Line C:	Refund outstanding balance of the following bond issue: 2005 California Statewide Communities Development Authority (AHS/West Series A) bonds issued on October 18, 2005

Return Reference	Explanation
Part I, Entity 2, Column (f), Line D:	Acquire, construct, and equip the following health care facilities: Hanford Community Hospital, Hanford, CA St. Helena Hospital, St. Helena, CA

Return Reference	Explanation
Part I, Entity 3, Column (f), Line A:	Advance refund outstanding balance of the following bond issues: 1998 California Health Facilities Financing Authority (AHS/West Series A) issued February 18, 1998 2007 California Statewide Communities Development Authority (AHS/West Series B) bonds issued May 8, 2007 2007 California Statewide Communities Development Authority (Lodi) bonds issue December 13, 2007 2009 California Health Facilities Financing Authority (AHS/West Series A) bonds issued May 20, 2009

Return Reference	Explanation
Part I, Entity 3, Column (f), Line B:	Finance the new headquarters facility for the Corporation located in Roseville, CA and refinance the following bond issues: City of Marysville, CA Rideout Series 2011 Bonds acquired in the affiliation with The Fremont-Rideout Health Group and Rideout Memorial Hospital effective April 1, 2018

Return Reference	Explanation
Part I, Entity 3, Column (f), Line C:	Refund the outstanding balance of the following bond issue: 2009 HFA - The Hospital Facilities Authority of Multnomah County, Oregon (AHS/West Series A) issued September 30, 2009

Return Reference	Explanation
Part II, Entity 1, Line 11, Column C:	The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow.

Return Reference	Explanation
Part II, Entity 3, Line 11, Columns A & C:	The other spent proceeds are the refunding proceeds of the issue that are no longer in escrow.

Return Reference	Explanation
Part II, Entity 3, Line 11, Column B:	The other spent proceeds are the proceeds used to pay off the taxable line of credit which was used to finance initial costs of the project.

Return Reference	Explanation
Part IV, Entity 2, Line 11, Columns A & C:	The other spent proceeds are the refunding proceeds no longer in escrow.

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Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemWest

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

►Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

95-3484589

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA Series A 2013	52-1643828	13033LS65	02-14-2013	208,420,907	See Part VI		X		X		X
B CHFFA Series A 2013	52-1643828	13033LS57	02-14-2013	100,741,934	See Part VI		X		X		X
C CSCDA Series A 2015	68-0164610	13080SJL9	06-30-2015	157,990,834	See Part VI		X		X		X
D CSCDA Series A 2015	68-0164610	13080SJM7	06-30-2015	42,422,999	See Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	16,252,500		8,372,500		11,142,300		3,142,700	
2	Amount of bonds legally defeased								
3	Total proceeds of issue	208,420,907		100,741,934		157,990,834		42,422,999	
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	979,977		741,934		1,493,445		420,423	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds					9,150		2,576	
10	Capital expenditures from proceeds			100,000,000				42,000,000	
11	Other spent proceeds	207,440,930				156,488,239			
12	Other unspent proceeds								
13	Year of substantial completion	2016		2016				2019	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X		X		X		X	
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X		X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

					A		B		C		D	
					Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?					X		X		X		X
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X			X	X			X

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	0 %		0 %		0 %		0 %	
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	0.020 %		0 %		0.020 %		0 %	
6	Total of lines 4 and 5	0.020 %		0 %		0.020 %		0 %	
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X	

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		X
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X	X		X	
b	Exception to rebate?		X		X		X		X
c	No rebate due?	X		X			X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		X
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148? . . .	X		X		X		X	

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X		X	

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Adventist Health SystemWest

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Employer identification number

95-3484589

Part I Bond Issues

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CHFFA Series A 2016	52-1643828	13032UGL6	09-08-2016	309,720,490	See Part VI		X		X		X
B CSCDA Series A 2018	68-0164610	13080SWK6	09-27-2018	272,074,615	See Part VI		X		X		X
C HFA Multnomah 2019	93-1266280	62551PCX3	11-13-2019	60,886,489	See Part VI		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	21,020,000		115,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	309,720,490		272,074,615		60,886,489			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	2,280,369		2,098,459		493,229			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds			242,976,156					
11	Other spent proceeds	307,440,121		27,000,000		60,393,260			
12	Other unspent proceeds								
13	Year of substantial completion	2016		2019		2019			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?	X			X	X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?	X		X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %			
6	Total of lines 4 and 5	0 %		0 %		0 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X		X		X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Adventist Health SystemWest

Employer identification number

95-3484589

Part I

Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.

3

Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II

Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
See Additional Data Table												
Total						\$ 54,227,593						

Part III

Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
Part II, Supplemental Retirement Benefits:	The organization provides supplemental retirement benefits through an alternative funding arrangement the IRS calls "collateral assignment split dollar" (CASD). Although the IRS requires reporting in the loan section of Schedule L, CASD is not an actual loan - no funds are transferred to the executive. Rather, the "loan" treatment applies because after the executive has received retirement benefits, the organization recovers all outlays plus interest. The recovery right is a key advantage of CASD for the organization. Rather than paying retirement benefits to the executive that would never be recovered, under CASD the organization recovers not only its outlays, but also consideration for the time value of money. CASD works as follows. The organization deposits funds into a cash value life insurance policy on the executive's life. During life, to the extent the executive fulfills service and vesting requirements, the executive can borrow against values in the policy to supplement retirement income. Policy performance is closely monitored. If policy performance lags, the executive's borrowing rights are reduced to protect the organization's recovery rights. At the executive's death, the policy death proceeds are first used to repay the organization its deposits plus compounded interest (at the IRS long-term applicable federal rate). The executive's beneficiary then receives any projected retirement borrowing the executive did not access during life. Any remaining death proceeds were available to be paid to the executive's beneficiary. However, the executives made a gift of the excess proceeds, estimated to total \$139 million, to the organization to provide additional funding for the organization's charitable activities. Gift of excess proceeds (estimated): Mark Ashlock: \$8,809,716; John Beaman: \$14,147,412; Jeffrey Eller: \$18,946,707; Alan Ferch: \$12,443,025; Joyce Newmyer: \$9,814,151; JoAline Olson: \$2,843,268; Scott Reiner: \$23,998,417; Jack Wagner: \$17,598,276; Bill Wing: \$25,813,802; Beth Zachary: \$4,457,185.
Part IV, Page 1, Line 1:	Melody Gabriel, an AH director, and her husband are owners and officers of businesses that engage in joint ventures with AH and member hospitals. Other family members with ownership and officer positions in these businesses include her parents, her brother and his wife, and trusts established on behalf of her children. The ventures are organized as LLCs. At the end of 2019 PVHR, LLC had an outstanding balance of \$2.2M secured and unsecured market rate interest bearing loans. This LLC is 50% controlled by another LLC of which Ms. Gabriel and her family have a controlling interest. Interest is accrued on these loans, principal and interest at the end of 2019 was \$168,340. Principal and interest payments are being made monthly. Total interest paid during 2019 was \$158,293.

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) Ashlock M	Key employee	Relocation		X	118,000	110,000		No	Yes		Yes	
(1) Ashlock M	Key employee	Supplemental retirement CASD		X	3,469,990	3,689,239		No	Yes		Yes	
(2) Asmar H	Key employee	Relocation		X	150,000	146,400		No	Yes		Yes	
(3) Beaman J	Key employee	Relocation		X	125,000	93,650		No	Yes		Yes	
(4) Beaman J	Key employee	Supplemental retirement CASD		X	2,288,953	2,336,019		No	Yes		Yes	
(5) Beehler B	Key employee	Relocation		X	100,000	83,000		No	Yes		Yes	
(6) Eller J	Key employee	Relocation		X	300,000	287,100		No	Yes		Yes	
(7) Eller J	Key employee	Supplemental retirement CASD		X	7,585,055	7,881,954		No	Yes		Yes	
(8) Ferch W	Key employee	Relocation		X	150,000	124,500		No	Yes		Yes	
(9) Ferch W	Key employee	Supplemental retirement CASD		X	6,470,450	6,521,989		No	Yes		Yes	
(10) Fink M	Key employee	Relocation		X	100,000	96,800		No	Yes		Yes	
(11) Jobe M	Officer	Relocation		X	100,000	86,200		No	Yes		Yes	
(12) Newmyer J	Key employee	Relocation		X	150,000	139,200		No	Yes		Yes	
(13) Newmyer J	Key employee	Supplemental retirement CASD		X	4,170,066	4,433,539		No	Yes		Yes	
(14) Olson J	Key employee	Relocation		X	200,000	58,500		No	Yes		Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons												
(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e)Original principal amount	(f)Balance due	(g) In default?		(h) Approved by board or committee?		(i)Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(16) Olson J	Key employee	Supplemental retirement CASD		X	1,735,225	1,844,864		No	Yes		Yes	
(1) Reiner S	Officer	Supplemental retirement CASD		X	8,219,555	8,601,963		No	Yes		Yes	
(2) Reppert J	Officer	Relocation		X	150,000	145,000		No	Yes		Yes	
(3) Reppert J	Officer	Relocation		X	50,000	48,200		No	Yes		Yes	
(4) Wagner J	Officer	Supplemental retirement CASD		X	6,216,544	6,609,331		No	Yes		Yes	
(5) Wing B	Officer	Relocation		X	200,000	192,600		No	Yes		Yes	
(6) Wing B	Officer	Supplemental retirement CASD		X	6,798,539	7,123,608		No	Yes		Yes	
(7) Zachary B	Key employee	Supplemental retirement CASD		X	1,888,277	2,007,587		No	Yes		Yes	
(8) Jahn A	Key employee	Relocation		X	400,000	397,750		No	Yes			No
(9) Larsen D	Key employee	Relocation		X	150,000	149,500		No	Yes		Yes	
(10) Larsen D	Key employee	Relocation		X	225,000	225,000		No	Yes		Yes	
(11) Raethel K	Former key employee	Relocation		X	61,050	12,050		No	Yes		Yes	
(12) Rawson R	Key employee	Relocation		X	100,000	98,050		No	Yes		Yes	
(13) Wolcott D	Key employee	Relocation		X	200,000	190,400		No	Yes		Yes	
(14) Byrnes J	Key employee	Relocation		X	200,000	198,200		No	Yes		Yes	

Form 990, Schedule L, Part II - Loans to and from Interested Persons

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(31) Chen S	Key employee	Relocation		X	150,000	150,000		No	Yes		Yes	
(1) Briggs S	Key employee	Relocation		X	150,000	145,400		No	Yes		Yes	

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Beehler Matthew	Family member of Key EE, B. Beehler	303,947	Employment		No
(1) Bancarz Michelle	Family member of Key EE, G. Bancarz	130,613	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) Bancarz Theodore	Family member of Key EE, G. Bancarz	106,225	Employment		No
(1) Eller Eric	Family member of Key EE, J. Eller	70,834	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Dickinson Brett	Family member of Key EE, C. Dickinson	86,386	Employment		No
(1) Ferch Josiah	Family member of Key EE, W. Ferch	62,021	Employment		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) PVHR LLC	Greater than 35% owned by former Director, M. Gabriel and family members	158,293	Interest		No

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493315045420
SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to <u>www.irs.gov/Form990</u> for the latest information.		OMB No. 1545-0047
			2019
Department of the Treasury Internal Revenue Service			Open to Public Inspection
Name of the organization Adventist Health SystemWest		Employer identification number 95-3484589	

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a:	<p>Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii. Founded on Seventh-day Adventist heritage and values, Adventist Health provides care in hospitals, clinics, home care agencies, hospice agencies and joint-venture retirement centers in both rural and urban communities. Our compassionate and talented team of 35,000 includes associates, medical staff physicians, allied health professionals and volunteers driven in pursuit of one mission: living God's love by inspiring health, wholeness and hope. Together, we are transforming the American health care experience with an innovative, yet timeless, whole-person focus on physical, mental, spiritual and social healing. Mission-driven</p> <p>The healthcare industry continues to experience significant changes. From high and rising costs to regulatory initiatives, these issues are causing hospitals and health systems to re-think who they are and how they want to deliver care. At Adventist Health, we are thriving and growing in the face of this transition by building on our legacy and reestablishing ourselves as the leader in physical, mental, spiritual and social health. We remain committed to "living God's love by inspiring health, wholeness and hope." Our mission represents the heart of our people. It expresses that we know the love of God and consistently reflect that love in our actions, relationships and work. Mission is the reason our organization exists. Community Health Development Words like prevention, wellness and partnerships are more than the latest buzzwords at Adventist Health. Since St. Helena Sanitarium opened its doors in 1878 in California's picturesque Napa Valley, the heritage of the Seventh-day Adventist Church has focused on whole-person health and well-being. Adventist Health not only strives to promote individual health and well-being but also the well-being of healthy families and communities a natural fit in today's population health environment. Adventist Health's mission is coupled with a vision to transform the health experience of our community by improving health and well-being, enhancing interactions and making care more accessible. Building healthy communities requires multiple stakeholders working together with a common purpose. Adventist Health has partnered with over 50 community churches and hundreds of organizations across the system to integrate community benefit programs in their communities. In Northern California, we are reaching out into our communities through the Street Nursing Program in Yuba City at Rideout Memorial and Project Restoration in Lake County. In Southern California we partnered with Showers of Hope to implement initiatives that increase access to care for homeless and vulnerable populations. In our Central California Region, we partnered with Kaiser Permanente Kern County to launch a mobile kitchen education program, Edible Schoolyard Kern County, to bring hands-on lessons and</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a:	<p>d education to remote and rural locations. Adventist Health Portland in the Pacific Northwest Region recognizes that stable housing and food security is critical to the improvement of health outcomes. One population that is especially affected by this are refugees. Adventist Health Portland provided 51 refugee families and four American families a community garden with a total of 42,000 square feet of growing space. In 2019, Adventist Health improved its strategic goal to transform the health of its communities by engaging in local communities, investing in community well-being and serving the most vulnerable. Population Health Population health is a whole-person, outcomes-based approach that works to improve the health of entire communities. It requires collaboration among researchers, providers, public health entities and policy makers. Population health aligns with Adventist Health's philosophy of care and, as overall health declines in North America, provides unprecedented opportunities. Adventist Health believes that improving the health status of entire populations begins at home. In 2019, Adventist Health entered its seventh year of offering two health plans for employees and their families: the Engaged! Plan and Base Plan. Both plans offer wellness-focused programs and tools, including a wellness website, free health coaching services, fitness activities, nutrition guidance, smoking cessation workshops and more. Participants in the Engaged! Premier program (the voluntary wellness component of the Engaged! Plan) complete a free biometric screening and wellness assessment, and those with high-risk conditions take part in a free care management program that provides support and education. Nearly 94 percent of employees signed up for the Engaged! Premier Program! In 2019 and 4,778 members completed a biometric screening. Whole-person health involves mind, body and spirit. The health plans empower employees, their families and, by extension, the larger community to take an active role in managing their health so they may live vibrant and productive lives. Care Transformation Care Transformation in Adventist Health reflects our promise to deliver top decile safety and quality performance and top quartile in clinical operations. The transformation focuses on initiatives such as Clinical Leadership Development, High Reliability Organization, Patient Experience, Care Redesign, Population Health and Clinical Workforce. All these efforts focus on effectively blending people, processes and technology, and include consistent design, delivery and evaluation of care performance. Our caregivers are working hard every day to achieve the clinical goals and continue to spread our mission. Patient Safety & Quality Adventist Health focuses not only on patient safety and quality patient care, but also provides a quality work environment for its associates. Maintaining a culture of teamwork and safety among physicians, clinicians and associates is foundation</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a:	<p>al to Care Transformation. For the past 10 years, Adventist Health has participated in the Culture of Safety survey, which provides insight into focused areas where actions can be taken to improve the safety and teamwork climate in clinical departments. Adventist Health hospitals received quality and safety awards from The Joint Commission, The LeapFrog Group, Healthgrades and Malcolm Baldrige. Physician Alignment Adventist Health operates 280 medical offices across the West Coast and Hawaii. These ambulatory care centers include Rural Health Clinics (RHC), hospital-based outpatient clinics (HBOC), employed physician models in Oregon and Hawaii, medical foundation in California and community health clinics. These medical offices offer primary care and more than 50 different specialties in medical offices large and small. We have more than 500 primary care providers and nearly 700 specialists providing services ranging from Addiction Medicine to Wound Care Audiology to Vascular Surgery. Adventist Health also provides much-needed dental care in nine of our rural communities. The providers in these medical offices are committed to providing best practice, quality-driven care with excellent health outcomes and exceptional patient experience. In each of the past four years we have provided more than two million patient visits in 2020 many of those visits shifted to virtual care to safely continue delivering care in the midst of the COVID-19 pandemic. Patient satisfaction scores skyrocketed as the communities we serve recognized how our physicians and associates were working diligently to get them the medical care they needed. The excellent experience our physicians and Advanced Practice Providers offer patients results in a patient satisfaction Star Rating of 4.6 out of 5 stars.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued):	<p>Rural Health Clinics (RHC) As an extension of our mission, high quality services are provided to rural communities where access to care is often significantly more challenging than urban areas. At the end of 2019, we had 65 clinics providing health care to underserved populations throughout Northern and Central California, Hawaii and Oregon. Our system of rural health continues to be the largest network of clinics in the state of California (more than 10 percent of the RHCs in the state are part of Adventist Health). Our RHC network also is one of the largest in the country, representing almost one percent of the nation's RHCs. Adventist Health provides oversight services for all our RHCs to include financial monitoring, program audits, operational support, professional development, advocacy and education regarding new regulations. But the real evidence of success is the care provided, that includes 999,255 visits and 305,091 patients served in 2019. Thanks to the RHCs, many of these rural communities' most disenfranchised now have access to primary care, dentistry, women's and children's services and health education. Specialty care services are also available at many RHC locations, including 24 behavioral health programs. Home Care Services Adventist Health/Home Care Services offers advanced, quality health care in an at-home setting by operating 14 home health agencies and nine hospices. In 2019, care, compassion and quality services were provided with 207,578 home health visits and 74,767 hospice days. Many of the agencies provide specialized programs and treatment plans, such as pediatric, CHF, diabetes and palliative care. In addition to providing treatment or care management, we strive to improve overall quality of life, hasten recovery and positively influence the emotional, physical and spiritual well-being of our home care patients. Developing a Virtual Care Network The Adventist Health Virtual Care Network allows health care professionals to evaluate, diagnose and treat patients using telecommunications technology. Virtual Care is the umbrella term for the group of services and functions that include telemedicine, telepharmacy, teleICU, teleradiology, and telepathology, but which also includes and can support regional health information sharing, patient education and provider networking. Virtual Care provides patients with access to high-quality, affordable specialty care when and where they need it, aiding in rapid diagnosis, treatment and improved patient outcomes. This collaboration supports Adventist Health's mission of bringing high-quality health and healing to the communities it serves, and is consistent with the organization's focus on innovation, strategic growth and population health. Virtual Care services continued to grow in 2019 and took a huge leap in 2020 with the onset of the COVID-19 pandemic. Our clinics implemented virtual visits using Microsoft Teams as a means to safely continue caring for patients with primary care</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a (continued):	<p>e or chronic health needs. Our traditional telehealth visits combined with Teams visits totaled 45,791 in April and 36,295 in May. Inpatient virtual care continues to serve hundreds of patients. Thirteen hospitals use telehealth stroke services, seven hospitals use pediatric services, five sites use infectious disease services and ten sites use emergency psychiatry assessment services. Under an initiative with Blue Shield of California, funds from a USDA grant and hospital investment, telehealth equipment was provided for medical specialty outpatient care and deployed to 28 sites in California and Oregon including three non-Adventist Health sites. We are also positioned to grow in 2020 with six more sites being added, including in Hawaii. We continue to offer store and forward services for dermatology and diabetic retinopathy screenings, as well as peer-to-peer e-consults. A direct-to-consumer service we offer to Adventist Health employees, Adventist Health OnDemand, was expanded to consumers as well and communicated to our markets as an additional health care resource available amidst the pandemic. Adventist Health is a preferred provider for Virtual Care with the California Department of Corrections and Rehabilitation, serving multiple prison locations through the Virtual Care Care Coordination Center. Strategic Planning In 2020 Adventist Health adopted a 10-year strategic plan which continues our transition from hospital company to health company. Called by our mission of living God's love by inspiring health, wholeness, and hope, and fueled by our people, by 2030, Adventist Health will extend the breadth and depth of our reach, and disrupt the market with impactful and sustainable business models that enable us to grow to touch 10M lives and generate \$10B in annual revenue at a 10% margin by:</p> <ul style="list-style-type: none">-Empowering individuals to realize their health goals by knowing their needs and delivering consumer-centric solutions- Enabling caregivers to lead disruption of care models to practice effectively and meet individuals' health needs- Leading transformational community movements to bring health and well-being within reach for everyone

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 4	The Organization's Bylaws were amended to consolidate execution of signature authority for the hospitals within the Adventist Health System/West service areas and to remove the President as an ex-officio member of the Board of Directors.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>Individuals who represent the Seventh-day Adventist Church and lay people who are in good standing with the Seventh-day Adventist Church serve as members of Adventist Health System/West (the Organization") including the following: (a) the president, treasurer, and other other representative from both the offices of the Pacific Union and the North Pacific Union; (b) one representative from each of the local conferences of the Church in which affiliated health care facilities are located; (c) two representatives selected from among the colleges and universities affiliated with the Church and located in the Pacific Union or North Pacific Union; (d) the CEO of the Organization, plus three additional representatives of the management of the Organization; (e) three representatives selected from the presidents of the hospitals affiliated with the Organization; three healthcare leaders; (g) up to 16 lay representatives who do not belong to any of the other categories set forth but who otherwise meet the qualifications for membership. Annually, the members meet for the purpose of conducting the business of the membership. Actions are taken as required to enable Adventist Health System/West to continue operating in concert with its Articles and Bylaws.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Organization's Board of Directors consists of the following: (a) The president of the Pacific Union and North Pacific Union of the Seventh-day Adventist Church; (b) two presidents selected from among the local conferences of the Church in which are located affiliated health care institutions; (c) The CEO of the Organization; (d) the president of the Organization, if there is no president, such other persons as the membership shall appoint; (e) two professional health care providers; and (f) seven lay representatives as elected by the membership.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	Amendments to the Organization's Bylaws require approval by the membership.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	This Form 990 including all supporting schedules was prepared by a public accounting firm, reviewed by the System Controller and Market Finance Officer, and shared by electronic communication with the Organization's Board of Directors prior to filing.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>During the first quarter of each year, the annual conflict of interest questionnaire is sent to board members, corporate officers, key employees, and department directors for completion and signature. The questionnaire is accompanied by a letter of explanation to illustrate examples of a conflict and remind the recipient that if any perceived conflict should arise before the next annual questionnaire, he/she is to notify the CEO immediately. The statements are reviewed by the internal general counsel as part of the annual financial statement audit. For potential conflicts, the CEO or a designee will determine and present all relevant facts to the governing body for decision. After addressing any questions asked by the governing body, the responsible person must leave the meeting during the discussion of the matter that involves a conflict and during any vote on the matter.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Organization's Board of Directors has established a Human Performance Committee to oversee the executive compensation program. This committee is composed of independent directors with no conflicts of interest. The committee performs the following functions: recommends a total compensation philosophy to the board; assures compliance with the board-approved philosophy; meets annually to review comparability data from outside consultants; recommends any adjustments to current executive compensation, including salary ranges for hospital presidents and finance officers that would be indicated by the data; evaluates executive performance against annual goals; recommends appropriate incentive awards to the board for approval; follows a diligent process that meets regulatory requirements for a rebuttable presumption of reasonableness; records committee deliberations and decisions in timely minutes; selects, engages and supervises any consultant hired to advise and provide comparability data. The board-approved executive compensation philosophy specifies that salary ranges will be established for hospital executives, with midpoints aligned with the 50th percentile of comparable system hospital data, and having a 50 percent spread from minimum to maximum. A hospital CEO has a maximum potential incentive of 30 or 35 percent of base salary based upon size and scope of hospital (incentive potential is industry norm). Other hospital executives have a maximum potential incentive of 25 to 30 percent of base salary.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	The Organization does not make its governing documents publicly available beyond required filings of Articles of Incorporation with the Secretary of State. The Organization does not make its Conflict of Interest Policy available to the public.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII:	In recognition of the time commitment directors make to serve on the Adventist Health System/West boards and committees, directors receive compensation when their employment agreements with their employers allow such payments. For those whose employers do not allow accepting compensation for board service, the funds are directly distributed to charitable organizations as mandated by their employment agreements. In addition, amounts paid for taxable benefits are also reported.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, line 11g	<p>Physician professional fees: Program service expenses 0. Management and general expenses 1,246,936. Fundraising expenses 0. Total expenses 1,246,936. Other medical professional fees: Program service expenses 0. Management and general expenses 29,825. Fundraising expenses 0. Total expenses 29,825. Consulting and other management fees: Program service expenses 718,988. Management and general expenses 18,536,243. Fundraising expenses 0. Total expenses 19,255,231. Other professional fees non-medical: Program service expenses 330,796. Management and general expenses 4,549,250. Fundraising expenses 0. Total expenses 4,880,046. Contract labor: Program service expenses 0. Management and general expenses 10,430,048. Fundraising expenses 0. Total expenses 10,430,048. Revenue cycle fees: Program service expenses 0. Management and general expenses 6,619,695. Fundraising expenses 0. Total expenses 6,619,695. Repairs & Maintenance: Program service expenses 71,517. Management and general expenses 643,657. Fundraising expenses 0. Total expenses 715,174. Cerner Management: Program service expenses 0. Management and general expenses 14,473,778. Fundraising expenses 0. Total expenses 14,473,778. Clinical Engineering: Program service expenses 34,376,045. Management and general expenses 0. Fundraising expenses 0. Total expenses 34,376,045. Communication and marketing: Program service expenses 16,157,140. Management and general expenses 8,504,754. Fundraising expenses 0. Total expenses 24,661,894. Human performance: Program service expenses 0. Management and general expenses 6,245,042. Fundraising expenses 0. Total expenses 6,245,042. Revenue Integrity: Program service expenses 0. Management and general expenses 3,734,799. Fundraising expenses 0. Total expenses 3,734,799. Health plan administration: Program service expenses 0. Management and general expenses 3,282,747. Fundraising expenses 0. Total expenses 3,282,747. Other purchased services: Program service expenses 13,191,521. Management and general expenses 7,234,494. Fundraising expenses 0. Total expenses 20,426,015.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9:	Net assets of Incentive Health, LLC -1,460,619.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
Adventist Health SystemWest

Employer identification number
95-3484589

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) Incentive Health LLC PO Box 619135 Roseville, CA 95661	MSO	CA	0	3,976,777	Adventist Health SystemWest
(2) Incentive Acute Care Network LLC PO Box 619135 Roseville, CA 95661	Acute care network	CA	0	0	Adventist Health SystemWest

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

See Additional Data Table

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) PVHR LLC dba Paradise Village 8440 SE Sunnybrook Blvd Suite 100 Clackmas, OR 97015 26-0622555	Real property rental	OR	Adventist Health SystemWest	Unrelated	94,749	27,234,446		No	94,334	Yes		50.000 %
(2) PVHR2 LLC dba Parkview at Paradise Village 8440 SE Sunnybrook Blvd Suite 100 Clackmas, OR 97015 47-3300170	Real property rental	OR	Adventist Health SystemWest	Unrelated	-81,820	4,200,102		No	-81,345	Yes		50.000 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) South Coast Medical Center PO Box 619135 Roseville, CA 95661 95-2037291	Wind down after sale of hospital	CA	Adventist Health SystemWest	C			100.000 %		No
(2) AdHealth Limited PO Box HM 2062 Hamilton HM HX BD	Pure captive insurance	BD	Adventist Health SystemWest	C	583,173	1,370,051	50.000 %	Yes	

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

Yes

1o

Yes

1p

Yes

1q

Yes

1r

Yes

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 95-3484589
Name: Adventist Health SystemWest

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
15630 18th Avenue Clearlake, CA 95422 68-0395149	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
PO Box 460 Delano, CA 93216 77-0258013	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
1100 Magellan Drive Tehachapi, CA 93561 81-2240617	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
PO Box 619135 Roseville, CA 95661 68-0357690	Medical foundation	CA	501(c)(3)	Line 12b, II	Adventist Health SystemWest	Yes	
869 North Cherry Street Tulare, CA 93274 83-2351753	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
640 Ulukahiki Street Kailua, HI 96734 99-0107330	Hospital	HI	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
PO Box 619135 Roseville, CA 95661 94-1101228	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
989 Plumas Street Yuba City, CA 95991 94-2917251	Acute care hospital	CA	501(c)(3)	Line 12b, II	Stone Point Health	Yes	
1509 Wilson Terrace Glendale, CA 91206 95-1816017	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
115 Mall Drive Hanford, CA 93230 94-0535360	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
975 S Fairmont Avenue Lodi, CA 95240 94-1044474	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
1000 Third Street Tillamook, OR 97141 93-0622075	Hospital	OR	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
PO Box 619135 Roseville, CA 95661 95-1816034	Discontinued Operations	CA	501(c)(3)	Line 1	Adventist Health SystemWest	Yes	
10123 SE Market Street Portland, OR 97216 93-0429015	Hospital	OR	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
372 Cypress Avenue Reedley, CA 93654 45-3220509	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
989 Plumas Street Yuba City, CA 95991 94-1387866	Acute care hospital	CA	501(c)(3)	Line 3	Fremont-Rideout Health Group	Yes	
2615 Chester Avenue Bakersfield, CA 93301 95-2294234	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
2975 N Sycamore Drive Simi Valley, CA 93065 95-6064971	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
1000 Greenley Road Sonora, CA 95370 94-1415069	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
10 Woodland Road St Helena, CA 94574 94-1279779	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PO Box 619135 Roseville, CA 95661 82-3763347	Supporting organization	CA	501(c)(3)	Line 12b, II	Adventist Health SystemWest	Yes	
275 Hospital Drive Ukiah, CA 95482 94-1639901	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
989 Plumas Street Yuba City, CA 95991 94-3015356	Skilled nursing/assisted living/home health	CA	501(c)(3)	Line 12b, II	Fremont-Rideout Health Group	Yes	
PO Box 619135 Roseville, CA 95661 91-0617726	Hospital - closed July 2017	WA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
PO Box 619135 Roseville, CA 95661 95-3867863	Home care	CA	501(c)(3)	Line 10	Adventist Health SystemWest	Yes	
1720 Cesar E Chavez Avenue Los Angeles, CA 90033 95-2282647	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	
1 Marcela Drive Willits, CA 95490 68-0108919	Hospital	CA	501(c)(3)	Line 3	Adventist Health SystemWest	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Adventist Health Clearlake Hospital Inc	L	11,518,751	FMV
Adventist Health Medical Center Tehachapi	L	3,366,193	FMV
Adventist Health Physicians Network	L	7,435,930	FMV
Castle Medical Center	L	18,580,923	FMV
Feather River Hospital	L	4,161,919	FMV
Glendale Adventist Medical Center	L	48,948,265	FMV
Hanford Community Hospital	L	35,286,285	FMV
Lodi Memorial Hospital Association Inc	L	26,298,653	FMV
Northwest Medical Foundation of Tillamook	L	8,508,228	FMV
Portland Adventist Medical Center	L	36,046,566	FMV
Reedley Community Hospital	L	18,925,405	FMV
Rideout Memorial Hospital	L	16,313,679	FMV
San Joaquin Community Hospital	L	42,617,585	FMV
Simi Valley Hospital & Health Care Services	L	15,731,038	FMV
Sonora Community Hospital	L	29,148,370	FMV
St Helena Hospital	L	28,912,679	FMV
Ukiah Adventist Hospital	L	19,209,828	FMV
Western Health Resources	L	1,973,312	FMV
White Memorial Medical Center	L	45,241,204	FMV
Willits Hospital Inc	L	7,351,516	FMV
Adventist Health Clearlake Hospital Inc	O	1,108,697	FMV
Adventist Health Medical Center Tehachapi	O	405,564	FMV
Adventist Health Tulare	O	180,934	FMV
Castle Medical Center	O	1,411,462	FMV
Feather River Hospital	O	106,723	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Glendale Adventist Medical Center	O	3,399,525	FMV
Hanford Community Hospital	O	2,259,354	FMV
Lodi Memorial Hospital Association Inc	O	1,706,478	FMV
Northwest Medical Foundation of Tillamook	O	718,520	FMV
Portland Adventist Medical Center	O	3,353,940	FMV
Reedley Community Hospital	O	377,247	FMV
San Joaquin Community Hospital	O	2,348,903	FMV
Simi Valley Hospital & Health Care Services	O	1,851,655	FMV
Sonora Community Hospital	O	1,441,659	FMV
St Helena Hospital	O	1,174,570	FMV
Ukiah Adventist Hospital	O	1,054,073	FMV
Walla Walla General Hospital	O	66,685	FMV
Western Health Resources	O	1,150,864	FMV
White Memorial Medical Center	O	5,156,501	FMV
Willits Hospital Inc	O	715,863	FMV
Adventist Health Clearlake Hospital Inc	Q	217,957	FMV
Castle Medical Center	Q	137,042	FMV
Glendale Adventist Medical Center	Q	430,225	FMV
Hanford Community Hospital	Q	363,604	FMV
Lodi Memorial Hospital Association Inc	Q	207,697	FMV
Northwest Medical Foundation of Tillamook	Q	114,683	FMV
Portland Adventist Medical Center	Q	531,264	FMV
Reedley Community Hospital	Q	142,639	FMV
San Joaquin Community Hospital	Q	258,447	FMV
Simi Valley Hospital & Health Care Services	Q	219,994	FMV

Form 990, Schedule R, Part V - Transactions With Related Organizations			
(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sonora Community Hospital	Q	257,216	FMV
St Helena Hospital	Q	176,127	FMV
Ukiah Adventist Hospital	Q	213,586	FMV
Western Health Resources	Q	263,525	FMV
White Memorial Medical Center	Q	111,492	FMV
Willits Hospital Inc	Q	70,036	FMV
AdHealth Limited	L	1,214,763	FMV
Adventist Health Medical Center Tehachapi	R	16,920,105	Cash transfer amount
Adventist Health Physicians Network	R	11,420,845	Cash transfer amount
Castle Medical Center	R	16,087,689	Cash transfer amount
Hanford Community Hospital	R	47,714,622	Cash transfer amount
Northwest Medical Foundation of Tillamook	R	10,675,399	Cash transfer amount
Portland Adventist Medical Center	R	12,984,570	Cash transfer amount
Reedley Community Hospital	R	23,516,677	Cash transfer amount
San Joaquin Community Hospital	R	13,393,216	Cash transfer amount
Simi Valley Hospital & Health Care Services	R	1,305,132	Cash transfer amount
Sonora Community Hospital	R	25,107,956	Cash transfer amount
Ukiah Adventist Hospital	R	10,052,018	Cash transfer amount
Walla Walla General Hospital	R	301,770	Cash transfer amount
White Memorial Medical Center	R	155,647,057	Cash transfer amount
Willits Hospital Inc	R	3,377,609	Cash transfer amount
Adventist Health Clearlake Hospital Inc	S	2,831,038	Cash transfer amount
Adventist Health Plan	S	3,060,251	Cash transfer amount
Adventist Health Tulare	S	32,717,189	Cash transfer amount
Feather River Hospital	S	18,880,382	Cash transfer amount

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Fremont-Rideout Health Group	S	11,670,649	Cash transfer amount
Glendale Adventist Medical Center	S	10,780,495	Cash transfer amount
Lodi Memorial Hospital Association Inc	S	50,043,904	Cash transfer amount
Rideout Memorial Hospital	S	45,133,709	Cash transfer amount
South Coast Medical Center	S	601,992	Cash transfer amount
St Helena Hospital	S	6,214,337	Cash transfer amount
United Com-Serve	S	55,771,404	Cash transfer amount
Western Health Resources	S	11,429,423	Cash transfer amount